

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER INDEPENDENT		AFTER INDEPENDENT	
	END.	DEP.	END.	DEP.	END.	DEP.
1	1					
2	1					
3	1					
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44						
45						
46						
47						
48						
49						
50						
TOTAL END.	8					
TOTAL DEP.	30					
PTOTAL	38					

END.	DEP.	END.	DEP.	END.	DEP.
61					
62					
63					
64					
65					
66					
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68					
69					
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97					
98					
99					
100					
TOTAL END.					
TOTAL DEP.					
TOTAL					